

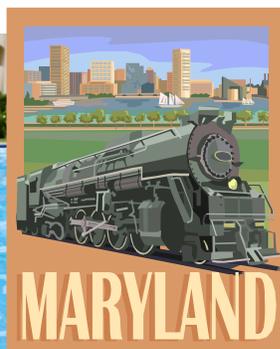


2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

Maryland

#5485



August 21, 2012

Behavioral Risk Factor Surveillance System 2012 Questionnaire – Maryland #5485

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CATI RANDOMLY ASSIGNED SPLIT

1. Split 1
2. Split 2

Interviewer's Script

HELLO, I am calling for the Maryland Department of Health and Mental Hygiene . My name is (name). We are gathering information about the health of Maryland residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

CTELENUM Is this (phone number) ? (61)

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

If "No", "Don't Know", "Refused"

SOCTEL Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

PVTRESID Is this a private residence in (state) ? (62)

[Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.)]

1. Yes **GO TO CELLPH**
2. No

COLGHOUS Do you live in college housing? (63)

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

1. Yes **GO TO CELLPH**
2. No

If "No,"

SOPVTRES Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

Qualified Level 1

CELLFON2 Is this a cellular telephone? (64)

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

1. Yes
2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone. **GO TO RESPONDENT SELECTION**
- 2 Yes **SCREEN-OUT**

SOCELFON Thank you very much, but we are only interviewing land line telephones and private residences or college housing.

1 S/O CELLULAR PHONE

Qualified Level 2

RESPONDENT SELECTION

CATI NOTE: IF COLHOS=1 (College Housing = Yes) continue; otherwise go to Adult Random Selection

CADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- 1 YES, Male Respondent **[Go to Core Section Introduction]**
- 2 YES, Female Respondent **[Go to Core Section Introduction]**
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

SOCOLAD Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults (66-67)

If NUMADULT = 1, ASK:
NMADLT1 Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

If "no,"

Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent"**.

Qualified Level 3

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**

- **IF NUMADULT>4, ASK**

PNMADULT

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

- 1 Yes **GO TO NUMMEN**
- 2 No **GO BACK TO NUMADULT AND RE-ASK IT**
- 9 (VOL) Refused **GO TO NUMMEN**

NUMMEN How many of these adults are men? (68-69)

___ Number of men

NUMWOMEN How many of these adults are women? (70-71)

___ Number of women

Qualified Level 4

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

- 1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.

ALLNA

Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).
[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

To the correct respondent:

HELLO, I am calling for the Maryland Department of Health and Mental Hygiene. My name is (name). We are gathering information about the health of Maryland residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. This health survey is entirely voluntary. If you have any questions about the survey, please call **1-877-473-1212**. If you would like to contact the Department of Health about this study, please call (410) 767-5159 or 1-866-616-5086.

Section 1: Health Status

GENHLTH Would you say that in general your health is—

(73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Qualified Level 5

Section 2: Healthy Days — Health-Related Quality of Life

PHYSHLTH Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- – Number of days
- 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

POORHLTH During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

HLTHPLN1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (80)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

PERSDOC2 Do you have one person you think of as your personal doctor or health care provider?

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MEDCOST Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

EXERANY2 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 2: Exercise (Physical Activity) [Splits 1 & 2]

IF CORE EXERANY3=1 (YES) CONTINUE, ELSE SKIP TO EXOFTSTR.

EXERACT3 What type of physical activity or exercise did you spend the most time doing during the past month? (451-452)

_____ (Specify) **[See Coding List A]**

7 7 Don't know / Not Sure **[Go to EXOFTSTR]**
 9 9 Refused **[Go to EXOFTSTR]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

EXEROFT1 How many times per week or per month did you take part in this activity during the past month? (453-455)

1__ Times per week
 2__ Times per month
 7 7 7 Don't know / Not sure
 9 9 9 Refused

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (456-458)

_:__ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

EXERACT4 What other type of physical activity gave you the next most exercise during the past month? (459-460)

_____ (Specify) **[See Coding List A]**

88 No other activity **[Go to EXOFTSTR]**
 77 Don't know / Not sure **[Go to EXOFTSTR]**
 99 Refused **[Go to EXOFTSTR]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

EXEROFT2 How many times per week or per month did you take part in this activity during the past month? (461-463)

1__ Times per week
 2__ Times per month
 777 Don't know / Not sure
 999 Refused

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (464-466)

_:__ Hours and minutes
 777 Don't know / Not sure
 999 Refused

STRENGTH During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (467-469)

1__ Times per week
 2__ Times per month
 888 Never
 777 Don't know / Not sure
 999 Refused

Section 5: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional **EVER** told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

CVDCRHD4 (Ever told) you had angina or coronary heart disease? (86)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

CVDSTRK3 (Ever told) you had a stroke? (87)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

ASTHMA3 (Ever told) you had asthma? (88)

1 Yes
 2 No [Go to CHCSCNCR]
 7 Don't know / Not sure [Go to CHCSCNCR]
 9 Refused [Go to CHCSCNCR]

ASTHNOW Do you still have asthma? (89)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

CHCSNCR (Ever told) you had skin cancer? (90)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

CHCOCNCR (Ever told) you had any other types of cancer? (91)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

CHCCOPD1 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

HAVARTH3 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (93)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

ADDEPEV2 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (94)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

CHCKIDNY (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (95)

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

1 Yes
2 No
7 Don't know / Not sure
9 Refused

CHCVISN1 Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)

1 Yes
2 No
3 Not applicable (blind)
7 Don't know / Not sure
9 Refused

DIABETE3 (Ever told) you have diabetes? (97)

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”
If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI note: If DIABETE2 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to DIABETE2, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 6: Oral Health

LASTDEN3 How long has it been since you last visited a dentist or a dental clinic for any reason?
Include visits to dental specialists, such as orthodontists. (98)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

RMVTETH3 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

(99)

Section 7: Demographics

AGE What is your age? (100-101)

- – Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

HISPANC2 Are you Hispanic or Latino? (102)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MRACE Which one or more of the following would you say is your race? (103 -108)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to MRACE; continue. Otherwise, go to VETERAN3.

ORACE2 Which one of these groups would you say best represents your race? (109)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

6 Other [specify]_____

Do not read:

7 Don't know / Not sure

9 Refused

VETERAN3 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(110)

1 Yes

2 No

Do not read:

7 Don't know / Not sure

9 Refused

MARITAL Are you...?

(111)

Please read:

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

Or

6 A member of an unmarried couple

Do not read:

9 Refused

CHILDREN How many children less than 18 years of age live in your household?

(112-113)

— — Number of children

8 8 None

9 9 Refused

EDUCA

What is the highest grade or year of school you completed?

(114)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

EMPLOY

Are you currently...?

(115)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

INCOME2

Is your annual household income from all sources—

(116-117)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

WEIGHT2 About how much do you weigh without shoes?

(118-121)

NOTE: If respondent answers in metrics, put “9” in column 118.

Round fractions up

— — — — Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

HEIGHT3 About how tall are you without shoes?

(122-125)

NOTE: If respondent answers in metrics, put “9” in column 122.

Round fractions down

— — / — — Height
(ft / inches/meters/centimeters)
7 7 / 7 7 Don't know / Not sure
9 9 / 9 9 Refused

CTYCODE1 What county do you live in?

(126-128)

— — — — ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

ZIPCODE What is the ZIP Code where you live?

(129-133)

— — — — — ZIP Code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

NUMHHOL2 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

- 1 Yes
- 2 No [Go to CPDEMO1]
- 7 Don't know / Not sure [Go to CPDEMO1]
- 9 Refused [Go to CPDEMO1]

Qualified Level 6

NUMPHON2 How many of these telephone numbers are residential numbers? (135)

- Residential telephone numbers [6 = 6 or more]
- 7 Don't know / Not sure
- 9 Refused

CPDEMO1 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

- 1 Yes
- 2 No [Go to RENTHOM1]
- 7 Don't know / Not sure [Go to RENTHOM1]
- 9 Refused [Go to RENTHOM1]

CPDEMO4 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (137-139)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

RENTHOM1 Do you own or rent your home? (140)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

SEX Indicate sex of respondent. Ask only if necessary. (141)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

PREGNANT To your knowledge, are you now pregnant?

(142)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Disability

The following questions are about health problems or impairments you may have.

QLACTLM2 Are you limited in any way in any activities because of physical, mental, or emotional problems?

(143)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

USEEQUIP Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(144)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 9: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life?

(145)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to USENOW3]**
- 7 Don't know / Not sure **[Go to USENOW3]**
- 9 Refused **[Go to USENOW3]**

SMOKDAY2 Do you now smoke cigarettes every day, some days, or not at all? (146)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK1]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (147)

- 1 Yes [Go to USENOW3]
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

LASTSMK2 How long has it been since you last smoked a cigarette, even one or two puffs? (148-149)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (150)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: Alcohol Consumption

ALCDAY5 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
(151-153)

- 1 __ Days per week
- 2 __ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

AVEDRNK2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(154-155)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?

(156-157)

- __ __ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MAXDRNKS During the past 30 days, what is the largest number of drinks you had on any occasion?
(158-159)

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

Section 11: Immunization

FLUSHOT5 Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (160)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [Go to PNEUVAC3]
- 7 Don't know / Not sure [Go to PNEUVAC3]
- 9 Refused [Go to PNEUVAC3]

FLSHTMY2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (161-166)

- / -- -- -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

IMFVPLAC At what kind of place did you get your last flu shot/vaccine? (167-168)

[IF RESPONDENT UNSURE, PROBE: "How would you describe the place where you went to get your most recent flu vaccine?"]

- 01 A doctor's office or health maintenance organization (HMO)
 - 02 A health department
 - 03 Another type of clinic or health center (Example: a community health center)
 - 04 A senior, recreation, or community center
 - 05 A store (Examples: supermarket, drug store)
 - 06 A hospital (Example: inpatient)
 - 07 An emergency room
 - 08 Workplace
 - 09 Some other kind of place
 - 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
 - 11 A school
 - 77 Don't know / Not sure
- Do not read:**

- 99 Refused

PNEUVAC3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL3MN2 In the past 12 months, how many times have you fallen? (170-171)

- – Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

FALLINJ2 [Fill in "Did this fall (from FALL3MN2) cause an injury?"]. If only one fall from FALL3MN2 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

- – Number of falls [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL3MN2, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.

CNFFAL **INTERVIEWER:** Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL3MN2].

- 1 Correct number of falls **GO TO FALL3MN2** (and then re-ask FALLINJ2)
- 2 Correct number of falls causing injury **GO TO FALLINJ2**

Section 13: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

DRNKDRI2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

- — Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

HADMAM A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- 1 Yes
- 2 No [Go to PROFEXAM]
- 7 Don't know / Not sure [Go to PROFEXAM]
- 9 Refused [Go to PROFEXAM]

HOWLONG How long has it been since you had your last mammogram? (178)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

PROFEXAM A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 1 Yes
- 2 No **[Go to HADPAP2]**
- 7 Don't know / Not sure **[Go to HADPAP2]**
- 9 Refused **[Go to HADPAP2]**

LENGEXAM How long has it been since your last breast exam? (180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

HADPAP2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No **[Go to HADHYST2]**
- 7 Don't know / Not sure **[Go to HADHYST2]**
- 9 Refused **[Go to HADHYST2]**

LASTPAP2 How long has it been since you had your last Pap test? (182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2 Have you had a hysterectomy? (183)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

PCPSAAD1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

PCPSADI1 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

PCPSARE1 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

PSATEST1 Have you EVER HAD a PSA test? (187)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't Know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

PSATIME How long has it been since you had your last PSA test? (188)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

PCPSARS1 What was the MAIN reason you had this PSA test – was it ...? (189)

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do Not Read:

- 7 Don't know / Not sure
- 9 Refused

Section 17: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

BLDSTOOL A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (190)

- 1 Yes
- 2 No **[Go to HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

LSTBLDS3 How long has it been since you had your last blood stool test using a home kit? (191)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

HADSIGM3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

HADSGCO1 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (193)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

LASTSIG3 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

HIVTST6 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (195)

- 1 Yes
- 2 No **[Go to HIVRISK2]**
- 7 Don't know / Not sure **[Go to HIVRISK2]**
- 9 Refused **[Go to HIVRISK2]**

HIVTSTD3 Not including blood donations, in what month and year was your last HIV test? (196-201)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- / Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

HIVRISK3 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.

- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(202)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Transition to Modules and State-Added Questions

Please read:

Now I have some questions about other health topics.

Optional Modules

Module 8: Fruits and Vegetables [Splits 1 & 2]

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

FRUITJU1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(265-267)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question, VEGOTHER.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

FRUIT1 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (268-270)

| | |
|-------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

FVBEANS During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (271-273)

| | |
|-------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

FVGREEN During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(274-276)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time."

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

FVORANG During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(277-279)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

VEGETAB1 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(280-282)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Module 23: Random Child Selection [Splits 1, 2]

CATI note: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If CHILDREN = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to RCSBIRTH]**

If CHILDREN is >1 and Core CHILDREN does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.

RCSBIRTH What is the birth month and year of the “Xth” child? (392-397)

| | |
|---------------|-----------------------|
| — / — — — | Code month and year |
| 7 7 / 7 7 7 7 | Don't know / Not sure |
| 9 9 / 9 9 9 9 | Refused |

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

RCSGENDR Is the child a boy or a girl? (398)

| | |
|---|---------|
| 1 | Boy |
| 2 | Girl |
| 9 | Refused |

RCHISLAT Is the child Hispanic or Latino? (399)

| | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

RCSRACE Which one or more of the following would you say is the race of the child? (400-405)

[Check all that apply]

Please read:

| | |
|---|---|
| 1 | White |
| 2 | Black or African American |
| 3 | Asian |
| 4 | Native Hawaiian or Other Pacific Islander |
| 5 | American Indian, Alaska Native |

Or

| | |
|---|-----------------------|
| 6 | Other [specify] _____ |
|---|-----------------------|

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to RCSRACE, continue. Otherwise, go to RCSRLTN2.

RCSBRACE Which one of these groups would you say best represents the child's race? (406)

CATI: List only responses given as part of RCSRACE

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

RCSRLTN2 How are you related to the child? (407)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 24: Childhood Asthma Prevalence [Splits 1, 2]

CATI note: If response to Core CHILDREN = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

CASTHDX2 Has a doctor, nurse or other health professional EVER said that the child has asthma? (408)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

CASTHNO2 Does the child still have asthma?

(409)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 25: Childhood Immunization [Splits 1, 2]

CATI note: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

FLUSHCH2 Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination?

(410)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

RCVFCVCH4 The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination?

(411-416)

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

Module 14: Prostate Cancer Screening Decision Making Module [Split 1]

CATI INSTRUCTION: IF SPLIT 1, CONTINUE; OTHERWISE, SKIP TO NEXT SECTION.

CATI Note: If PSATEST1 = 1 (has had a PSA test) continue, else go to next module.

Earlier you stated you have had a PSA test.

PCPSADEC Which one of the following best describes the decision to have the PSA test done?

(310)

Please read:

- 1 You made the decision alone **[Go to next module]**
- 2 Your doctor, nurse, or health care provider made the decision alone **[Go to next module]**
- 3 You and one or more other persons made the decision together
- 4 You don't remember how the decision was made **[Go to next module]**

Do not read:

- 9 Refused

PCDMDECN Who made the decision with you? (Mark all that apply)

(311-315)

- 1 Doctor/nurse /health care provider
- 2 Spouse/significant other
- 3 Other family member
- 4 Friend/non-relative

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

Module 5: Sugar Sweetened Beverages and Menu Labeling [Split 2]

CATI INSTRUCTION: IF SPLIT 2, CONTINUE; OTHERWISE, SKIP TO NEXT SECTION.

Now I would like to ask you some questions about sugary beverages.

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

SSBSUGR1 During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (248-250)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SSBFRUT1 During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to. (251-253)

Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SSBCALRI The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order? (254-255)

Please read:

- 01 Always
- 02 Most of the time
- 03 About half the time
- 04 Sometimes
- 05 Never

Do not read:

- 06 Never noticed or never looked for calorie information
- 08 Usually cannot find calorie information
- 55 Do not eat at fast food or chain restaurants
- 77 Don't know / Not sure
- 99 Refused

State-Added Questions

State-added 1: Anxiety and Depression [Splits 1 & 2]

Now, I am going to ask you a question about your mood.

ADANXEV Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?
(MD1_1)

(470)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 3: Tobacco Related Questions [Splits 1 & 2]

ALL RESPONDENTS

CIGARS Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester. In the past 30 days, did you smoke any cigars?
(MD3_1)

(471)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

OTHERPRD Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kreteks, or dissolvable tobacco products?
(MD3_2)

NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

(472)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

IF SMOKDAY2=1 OR 2 (Current smoker) ASK PLANSTOP, ELSE SKIP TO AGEFIRST.

PLANSTOP Are you seriously planning to quit smoking cigarettes . . . [READ LIST] (473)

(MD3_3)

- 1 Within the next 30 days,
- 2 Within the next 3 months,
- 3 Within the next 6 months,
- 4 Within the next year,
- 5 Within the next 5 years,
- 6 Sometime after 5 years, OR
- 8 You are not planning on quitting

- 7 Don't Know / Not Sure
- 9 Refused

IF AGE =< 30, ASK AGEFIRST, ELSE SKIP TO OTHRSMKR.

AGEFIRST How old were you the first time you smoked a cigarette, even one or two puffs? (474-475)

(MD3_4)

--- Age [RANGE 1, 2, 10-77, 99]

- 01 I never smoked a cigarette, not even one or two puffs **GO TO OTHRSMKR**
- 77 Don't know / Not sure
- 99 Refused

CATI: if (AGEFIRST=10-76 and AGE=18-99) AND (AGEFIRST>AGE), continue; else go to AGEREGLR

UPDTAGF I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and you stated you first smoked a cigarette at age {CATI: fill-in response from AGEFIRST }. Can you help me resolve this difference?

- Update age **GO TO AGE**
- Update smoking age **GO TO AGEFIRST**

AGEREGLR About how old were you when you first started smoking cigarettes regularly? (476-477)

(MD3_5)

--- Age [RANGE 1, 2, 10-77, 99] – **CATI: IF AGEREGLR=10-76 AND AGEFIRST=10-76, THEN AGEREGLR MUST BE >=AGEFIRST.**

- 01 I never smoked a cigarette, not even one or two puffs
- 02 Have never smoked cigarettes regularly
- 77 Don't know / Not sure
- 99 Refused

CATI: if (AGEREGLR=03-76 and AGE=18-99) AND (AGEREGLR>AGE), continue; else go to OTHRSMKR

UPDTAGRG I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and you stated you first started smoking regularly at age {CATI: fill-in response from AGEREGLR }. Can you help me resolve this difference?

Update age **GO TO AGE**
 Update smoking age **GO TO AGEREGLR**

OTHRSMKR Does any other adult age 18 or older living in the household smoke cigarettes now? (478)

- | | | |
|----------------|---|-----------------------|
| (MD3_6) | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

State-Added 4: Cognitive Impairment [Split 2]

CATI INSTRUCTION: IF SPLIT 2, CONTINUE; OTHERWISE, SKIP TO NEXT SECTION.

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

CIMEMLOS During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (479)

| | | |
|----------------|---|-----------------------|
| (MD4_1) | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

CATI note: If number of adults > 1, go to CINOADLT.

CATI note: If 1 adult in household and CIMEMLOS= 1 (Yes), go to CIHOWOFT; otherwise, go to next module.

CINOADLT **[If CIMEMLOS=1];** Not including yourself}, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (480)

| | | |
|----------------|---|----------------------------------|
| (MD4_2) | — | Number of people [6 = 6 or more] |
| | 8 | None |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

CATI: If CINOADLT <7 and CINOADLT > NUMADULT, CONFIRM RESPONSE.

CNFM18.2 INTERVIEWER: Number of household adults experiencing confusion or memory loss [DISPLAY RESPONSE TO CINOADLT] cannot exceed total number of adults in household [DISPLAY RESPONSE TO NUMADULT].

1 Correct CINOADLT **GO TO CINOADLT**

CATI NOTE: If CIMEMLOS = 1, go to CIHOWOFT.
CATI note: If CIMEMLOS ≠ 1 and CINOADLT < 7; go to CIRBIAGE.
IF CIMEMLOS ≠ 1 and CINOADLT > 6, go to next module.

CIRBIAGE**(MD4_3)**

Of these people, please select the person who had the most recent birthday. How old is this person?

(481-482)

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: If CIMEMLOS ≠ 1 (Yes); read: “For the next set of questions we will refer to the person you identified as ‘this person’.”

INTERVIEWER NOTE: Repeat definition only as needed: “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

CIHOWOFT**(MD4_4)**

During the past 12 months, how often [If CIMEMLOS=1 (Yes): insert “have you;” otherwise, insert “has this person”] given up household activities or chores [If CIMEMLOS=1 (Yes): insert “you;” otherwise, insert “they”] used to do, because of confusion or memory loss that is happening more often or is getting worse?

(483)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CIASSIST**(MD4_5)**

As a result of **[If CITEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If CITEMLOS = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

(484)

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor’s appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn’t need assistance in any area
- 7 Don’t know / Not sure
- 9 Refused

CIINTER**(MD4_6)**

During the past 12 months, how often has confusion or memory loss interfered with **[If CITEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** ability to work, volunteer, or engage in social activities?

(485)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

CIFAMCAR**(MD4_7)**

During the past 30 days, how often **[If CITEMLOS = 1 (Yes): insert “has;” otherwise, insert “have you;”]** a family member or friend provided any care or assistance for **[If CITEMLOS = 1 (Yes): “you;” otherwise, insert “this person”]** because of confusion or memory loss?

(486)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

CIHCPROF

(MD4_8)

Has anyone discussed with a health care professional, increases in **[If CIMEMLOS = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

(487)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

CIMEDS

(MD4_9)

[If CIMEMLOS = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"] received treatment such as therapy or medications for confusion or memory loss?

(488)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CIDIAGAZ

(MD4_10)

Has a health care professional ever said that **[If CIMEMLOS = 1 (Yes): insert "you have;" otherwise, insert "this person has"]** Alzheimer's disease or some other form of dementia?

(489)

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given
- 7 Don't know / Not sure
- 9 Refused

State-Added 5: Chronic Obstructive Pulmonary Disease (COPD) [Split 1]

IF SPLIT=1 CONTINUE, ELSE GO TO NEXT MODULE.

CATI NOTE: If core CHCCOPD = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD.

COPDQOL

(MD5_1)

Would you say that shortness of breath affects the quality of your life?

(490)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

COPDDOC

(MD5_2)

Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?

(491)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 6: Skin Cancer [Split 1]

IF SPLIT=1 CONTINUE, ELSE GO TO NEXT MODULE.

LMTSUN
(MD6_1) How often do you limit your exposure to the sun between the hours of 10:00am and 4:00pm? [READ LIST] (492)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun **(Go to SUNDVICe)**
- 7 Don't know/Not sure
- 9 Refused

SUNSCRN
(MD6_2) When outdoors for an hour or more on a **sunny day**, how often do you use a sunscreen lotion with a rating of 15 or higher? [READ LIST] (493)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun **(Go to SUNDVICe)**
- 7 Don't know/Not sure
- 9 Refused

WEARHAT
(MD6_3) When outdoors for an hour or more on a **sunny day**, how often do you wear a hat with a broad brim? [READ LIST] (494)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun **(Go to SUNDVICe)**
- 7 Don't know/Not sure
- 9 Refused

WEARLONG
(MD6_4) When outdoors for an hour or more on a **sunny day**, how often do you wear protective clothing like a long sleeve shirt and long pants? [READ LIST] (495)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun

- 7 Don't know/Not sure
- 9 Refused

SUNDVIC6

(MD6_5)

DURING THE PAST 12 MONTHS, how many times have you used any of the following indoor tanning devices---a sunlamp, sunbed or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

(496)

- 1 None
- 2 1-365 times
- 7 Refused
- 9 Don't know

State-Added 7: Oral Cancer [Split 1]

IF SPLIT=1 CONTINUE, ELSE GO TO NEXT MODULE.

ORALTST

(MD7_1)

Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

(497)

- 1 I think so
- 2 Yes
- 3 No **{Go to next module}**
- 7 Don't know/Not sure
- 9 Refused

ORALLST

When did you have your most recent oral or mouth cancer exam?

(498)

(MD7_2)

- 1 Within the past year (less than 12 months ago)
- 2 Within the past 2 years (1 year, up to 2 years ago)
- 3 Within the past 3 years (2 years, up to 3 years ago)
- 4 Within the past 5 years (3 years, up to 5 years ago)
- 5 5 or more years ago
- 6 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ORALWHO

(MD7_3)

What type of medical care person examined you when you had your last check-up for oral cancer?

(499)

(READ CHOICES)

- 1 Doctor/physician
- 2 Nurse/Nurse practitioner
- 3 Dentist
- 4 Dental Hygienist

- 5 Other (SPECIFY _____)
- 7 Don't know/Not sure
- 9 Refused

State-Added 8: Colorectal Screening [Split 1]

IF SPLIT=1 CONTINUE, ELSE GO TO NEXT MODULE.

IF RESPONDENT IS \leq 49 YEARS OF AGE, GO TO NEXT MODULE.

IF LSTBLDS3=1 (had blood stool test within last year), GO TO NEXT MODULE.

IF HADSGCO1=1 AND LASTSIG3 \leq 4 (had sigmoidoscopy in past 5 years), GO TO NEXT MODULE.

IF HADSGCO1=2 AND LASTSIG3 \leq 5 (had colonoscopy in past 10 years), GO TO NEXT MODULE.

IF HADSGCO1=7 or 9 AND LASTSIG3 \leq 4 (DK/Ref test, but had the test in past 5 years), GO TO NEXT MODULE.

COLOSCRN What is the most important reason why you are not current with any kind of test to look for problems in your colon or rectum? [READ LIST]

(MD8_1)

(500-501)

- 1 No reason/never thought about it
- 2 Didn't need it/didn't know I needed this type of test
- 3 Doctor didn't order it/didn't say I needed it
- 4 Haven't had any problems
- 5 Put it off/Didn't get around to it
- 6 Too expensive/no insurance/cost
- 7 Too painful, unpleasant, or embarrassing
- 8 Had another type of colorectal exam
- 9 Don't have doctor
- 10 Other (SPECIFY _____)
- 77 Don't know
- 99 Refused

Asthma Call-Back Permission Script [Splits 1 & 2]

CATI: IF ASTHMA2 = 1 or CASTHDX2 = 1, continue; Else go to CLOSING

CALLBACK We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Maryland. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(422)

- 1 Yes
- 2 No

Asthma Call-Back Selection

ADLTCHLD Which person in the household was selected as the focus of the asthma call-back?

(423)

- 1 Adult
- 2 Child

Pre CHILDName: If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.

CHILDName Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {*CHILDAGE*} year old child which is the {*AGESEL*.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (*FIRST, SECOND, ETC.*) from child selection module]

Enter child's first name, initials or nickname: _____
Refused..... 99

Pre ADULTName: ASTHMA2 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.

ADULTName Can I please have your first name, initials or nickname so we know who to ask for when we call back?

Enter respondent's first name, initials or nickname: _____
Refused..... 99

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish

Activity List for Common Leisure Activities (To be used for State Module 2: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

| | |
|---|---------------------------------|
| 0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution) | 4 1 Rugby |
| 0 2 Aerobics video or class | 4 2 Scuba diving |
| 0 3 Backpacking | 4 3 Skateboarding |
| 0 4 Badminton | 4 4 Skating – ice or roller |
| 0 5 Basketball | 4 5 Sledding, tobogganing |
| 0 6 Bicycling machine exercise | 4 6 Snorkeling |
| 0 7 Bicycling | 4 7 Snow blowing |
| 0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 4 8 Snow shoveling by hand |
| 0 9 Bowling | 4 9 Snow skiing |
| 1 0 Boxing | 5 0 Snowshoeing |
| 1 1 Calisthenics | 5 1 Soccer |
| 1 2 Canoeing/rowing in competition | 5 2 Softball/Baseball |
| 1 3 Carpentry | 5 3 Squash |
| 1 4 Dancing-ballet, ballroom, Latin, hip hop, etc | 5 4 Stair climbing/Stair master |
| 1 5 Elliptical/EFX machine exercise | 5 5 Stream fishing in waders |
| 1 6 Fishing from river bank or boat | 5 6 Surfing |
| 1 7 Frisbee | 5 7 Swimming |
| 1 8 Gardening (spading, weeding, digging, filling) | 5 8 Swimming in laps |
| 1 9 Golf (with motorized cart) | 5 9 Table tennis |
| 2 0 Golf (without motorized cart) | 6 0 Tai Chi |
| 2 1 Handball | 6 1 Tennis |
| 2 2 Hiking – cross-country | 6 2 Touch football |
| 2 3 Hockey | 6 3 Volleyball |
| 2 4 Horseback riding | 6 4 Walking |
| 2 5 Hunting large game – deer, elk | 6 6 Waterskiing |
| 2 6 Hunting small game – quail | 6 7 Weight lifting |
| 2 7 Inline Skating | 6 8 Wrestling |
| 2 8 Jogging | 6 9 Yoga |
| 2 9 Lacrosse | 7 0 Other_____ |
| 3 0 Mountain climbing | |
| 3 1 Mowing lawn | 9 9 Refused |
| 3 2 Paddleball | |
| 3 3 Painting/papering house | |
| 3 4 Pilates | |
| 3 5 Racquetball | |
| 3 6 Raking lawn | |
| 3 7 Running | |
| 3 8 Rock Climbing | |
| 3 9 Rope skipping | |
| 4 0 Rowing machine exercise | |